

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: _____		2 Serial/Patent # <u>10/519250</u>																																																			
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Filing</td><td style="width: 10%;">1</td><td style="width: 10%;">12/22/04</td><td style="width: 10%;">\$ 100</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/22/04	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		\$ 100																																																			
8 TO BE REFUNDED BY: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:																																																			
9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> </tr> </table>		1	9	--	1	8	0	0																																													
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10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____																																																					
11 REFUND REQUESTED BY: _____																																																					
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>																																																			
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>																																																			
OFFICE: <u>PCT</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: _____		DATE: _____																																																			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*